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JC916 U.S. PTO

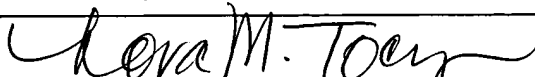
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08/28/00

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. 36968/19			
		First Named Inventor or Application Identifier 36968/194346			
		Title METHODS AND SYSTEMS OF NETWORK MANAGEMENT			
		Express Mail Label No. EL513159298US			
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231			
1. <input checked="" type="checkbox"/> Specification Total Pages <u> </u> (preferred arrangement as set forth below) - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure		5. <input type="checkbox"/> Microfiche Computer Program (Appendix) 6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies			
2. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) Total Sheets <u>41</u>		ACCOMPANYING APPLICATION PARTS 7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee) 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) 13. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior Statement application, Status still proper and desired 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (If foreign priority is claimed) 15. Other: During the pendency of this application, the Commissioner is hereby authorized to credit overpayments or charge any additional fees under 37 CFR 1.16 and 1.17 to Deposit Account No. 11-0855			
3. <input checked="" type="checkbox"/> Oath or Declaration Total Pages <u>3</u> a. <input checked="" type="checkbox"/> Unexecuted (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with box 17 completed) [Note Box 4 below i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, See 37 CFR 1.63(d)(2) and 1.33(b)					
4. <input type="checkbox"/> Incorporation By Reference (usable if Box 3b is checked) The entire disclosure of the prior application, which a copy of the oath or declaration is supplied under Box 3b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.					
16. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: Prior application information: Examiner: Group/Art Unit:					
17. FEE CALCULATIONS					
CLAIMS	For	Number Filed	Extra	Rate	Calculations
	Total Claims	- 20 =	0 x	\$18 =	\$
	Indep. Claims	- 3 =	1 x	\$78 =	\$
	Multiple Dependent Claims (if applicable)			+	\$260 =
				Basic Fee (37 CFR 1.16)	\$ 0
				Total Calculations	\$
Reduced by 50% for filing small entity (Note 37 CFR 1.9, 1.27, 1.28).					\$ -
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40 per property					\$
TOTAL FEES SUBMITTED					\$ 0
18. CORRESPONDENCE ADDRESS					
Name	John S. Pratt, Esq. KILPATRICK STOCKTON LLP				
Address	1100 Peachtree Street, Suite 2800				
City	Atlanta	State	GA	Zip Code	30309-4530
Country	U.S.A.	Telephone	404.815.6367	Fax	404.815.6555
Name (Print/Type)	Nora M. Tocups			Registration No. (Attorney/Agent)	35,717
Signature				Date	August 28, 2000

Please type a plus sign inside this box → ☐

PTO/SB/17 (12/99)

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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FEE TRANSMITTAL for FY 2000		Complete if Known	
<i>Patent fees are subject to annual revision</i> <i>Small Entity payments <u>must</u> be supported by a small entity statement, otherwise, large entity fees must be paid.</i> <i>See 37 C.F.R. §§ 1.27 and 1.28</i>		Application Number	Not Yet Assigned
		Filing Date	August 27, 1999
		First Named Inventor	Chewing
		Group / Art Unit	
		Examiner Name	
TOTAL AMOUNT OF PAYMENT (\$)		Attorney Docket Number	36968/194346

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																																																																																																																																																																																											
<p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number: 11-0855 Deposit Account Name: KILPATRICK STOCKTON LLP</p> <p><input type="checkbox"/> Charge any Additional Fee Required Under 37 CFR. 1.16 and 1.17</p> <p>2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>		<p>3. ADDITIONAL FEES</p> <table border="1"><thead><tr><th>Large Code</th><th>Entity Fee (\$)</th><th>Small Code</th><th>Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr><tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr><tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English Specification</td><td></td></tr><tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr><tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr><tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr><tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr><tr><td>116</td><td>380</td><td>216</td><td>190</td><td>Extension for reply within second month</td><td></td></tr><tr><td>117</td><td>870</td><td>217</td><td>435</td><td>Extension for reply within third month</td><td></td></tr><tr><td>118</td><td>1,360</td><td>218</td><td>680</td><td>Extension for reply within fourth month</td><td></td></tr><tr><td>128</td><td>1,850</td><td>228</td><td>925</td><td>Extension for reply within fifth month</td><td></td></tr><tr><td>119</td><td>300</td><td>219</td><td>150</td><td>Notice of appeal</td><td></td></tr><tr><td>120</td><td>300</td><td>220</td><td>150</td><td>Filing a brief in support of an appeal</td><td></td></tr><tr><td>121</td><td>260</td><td>221</td><td>130</td><td>Request for oral hearing</td><td></td></tr><tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use hearing</td><td></td></tr><tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - 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<p>SUBMITTED BY</p> <p>Typed or printed Name: Nora M. Tocups Signature: <i>Nora M. Tocups</i></p>		<p>Complete (if applicable)</p> <p>Reg. No. (Attorney/Agent): 35,717 Telephone: (404) 815-6516 Date: 8/28/00</p>																																																																																																																																																																																											